VERDE VALLEY Caregivers COALITION

"Creating a caring community for older adults in need."

Volunteer Application

Thank you for your interest in volunteering! Please note the following important information as you apply:

—When you complete this form and submit your Social Security Number, Verde Valley Caregivers Coalition (VVCC) shall complete a background check. For your protection, after the check is completed, your number is blacked out,

like this: ▮▮▮▮ .

—As a kind reminder, all interactions on behalf of VVCC need to be arranged through the main office. VVCC requests this so that in the unlikely event of an accident, insurance and liability policies can protect you and the neighbor served.

Name:_____ (Please Print)   Date of Birth:_____

Address, City, Zip:_____

Home Phone:_____ Cell Phone:_____ Social Security Number:_____

Email:_____   Have you ever been accused of a felony? ___ Yes ___ No

Emergency Contact Name:_____Phone Number:_____

Spouse Name:_____Current Employer:_____

Former Occupation:_____

Personal Reference name, telephone, relationship:_____

I am interested in volunteering for:

_____Transportation

_____Interviewing new neighbors

_____Guardian Angel Program

_____Respite support

_____Business Help

_____Visiting neighbors

_____Calling Neighbors

_____Light Handy work

_____Pet Assistance

_____Patient Scribe

_____Technology Help (phones, computers, etc.)

_____Shopping for neighbors

_____Shopping with neighbors

_____Virtual Assistance

_____Social Outings

Have you been vaccinated?
Yes   No

Are you available with short notice?
Yes   No

If Transporting, my vehicle is a:

_____Sports car

_____Sedan

_____SUV / Truck

I'm willing to drive to:

_____Rimrock Area

_____Camp Verde

_____Clarkdale   _____Cornville

_____Cottonwood _____Jerome

_____Sedona   _____VOC

_____Flagstaff   _____Prescott

_____Phoenix

Days and times that I am available:

_____
_____
_____
_____
_____
_____
_____
_____
_____

How did you hear about us?
_____
_____
_____
_____
_____
_____

I authorize Verde Valley Caregivers Coalition to complete a background check. My commitment is for as long as I am able and/or willing to be a volunteer; I can suspend or resign when I feel the need.   I understand that my volunteer work pertains to those neighbors to whom I am assigned; All the information on this form has been completed by the undersigned and is correct as of the date signed.

Signature:_____ Date:_____